

**CITY OF AUBURN  
1225 LINCOLN WAY  
AUBURN, CA 95603**

**MAXIMUM OCCUPANCY: 114 PERSONS**

**ROSE ROOM RENTAL  
AGREEMENT AND PERMIT FOR USE**

**Organization/User Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_ / \_\_\_\_\_  
First Last Business Home

**Address** \_\_\_\_\_  
Street/P.O. Box City Zip Code

**Use Day and Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Type of Event/Use** \_\_\_\_\_ **Estimated Attendance** \_\_\_\_\_

**Non-Profit?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Profit?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Taxpayer ID #** \_\_\_\_\_

Open to public? Yes \_\_\_\_\_ No \_\_\_\_\_ Will there be live music? Yes \_\_\_\_\_ No \_\_\_\_\_

Admission charge? Yes \_\_\_\_\_ No \_\_\_\_\_ Will there be recorded music? Yes \_\_\_\_\_ No \_\_\_\_\_

Caterer? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Caterer: \_\_\_\_\_

Person in charge of event \_\_\_\_\_ Phone \_\_\_\_\_

**Checks made payable to: City of Auburn**

**SERVICE ORGANIZATIONS ONLY**

**Security Deposit:** \$100.00 (a separate check) \$ \_\_\_\_\_

**Rental Fee:** HOURLY RATES TO INCLUDE TIME FOR SET-UP AND CLEAN UP

1st Hour @ 25.00 / per hour \$ 25.00

Total Additional # of Hours \_\_\_\_\_ @ \$5.00 / per hour \$ \_\_\_\_\_

**Total Due** \$ \_\_\_\_\_

**Liability Insurance:** Certificate of Insurance protecting City of Auburn in amount of \$1 million is required.

User hereby waives all claims and recourse against City of Auburn, including the right to contribution for loss or damage by reason of death or injury to person or damages to property, whether the person or property of User, its agents or employees or third persons, arising from, growing out of, or in any way connected to this Agreement. User shall indemnify, hold harmless and defend City of Auburn, its officers, directors, agents, employees and volunteers against any and all claims, demands, damages, costs, expenses (including attorneys fees), actions or liability whatsoever arising out of City of Auburn's operation or maintenance of the facility. If permit for use is granted, I or my representative agree to be present during the entire use of the facility. I have read and accept the Policy and Procedures and the Agreement and Permit for use.

By \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_  
(please print) (signature)

Security Deposit \_\_\_\_\_ Receipt No. \_\_\_\_\_ Deposit Returned \_\_\_\_\_

Rental Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_ Proof of Insurance \_\_\_\_\_